

FOR OFFICE USE ONLY

 DATE REC \_\_\_\_\_ APP FEE \_\_\_\_\_

REV. 12-3-17

# Bader Hillel High School

Girls' Division • Bader Hillel High  
6789 N. Green Bay Ave., Glendale WI 53209

Boys' Division • 2315 W. Good Hope Road, Glendale, WI 53209

Mailing Address • 6789 N. Green Bay Ave., Glendale WI 53209



## 2018-2019 EMERGENCY CONTACT & MEDICAL INFORMATION FORM

### STUDENT INFORMATION:

Student Name:		Date of Birth:
Home Address:		
City, State, Zip Code:		
Home Phone:	Cell Phone:	
Father's Name:	Mother's Name:	
Father's Cell Phone:	Mother's Cell Phone:	
Father's Work Phone:	Mother's Work Phone:	
Primary Physician:	Office Phone:	
Primary Dentist:	Office Phone:	
Other Physicians: (include their specialty)	Office Phone:	

### INSURANCE INFORMATION:

Insurance Company Name:		Phone #:
Insurance Address:		
City, State, Zip Code:		
Primary Card Holder:	Date of Birth:	
Identification Number:	Group Number:	
Employer:	Occupation:	
Employer Address		
City, State, Zip Code:		
Cardholder's Social Security Number:		

Please provide a copy of medical insurance card (front and back).



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<input type="checkbox"/> DATE REC _____
<input type="checkbox"/> APP FEE _____
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## 2018-2019 MEDICAL CONSENT FORM

Consent is hereby given by the parents/guardians of the student(s) named below to Bader Hillel High School; Lubavitch of Wisconsin affiliates; its officers, teachers, employees, counselors and all other persons acting for and on its behalf, to do whatever is deemed necessary within its and their sole discretion to remove or arrange the removal of said student(s) to any hospital, first-aid or emergency station in the event of injury or illness without any obligation or liability in doing so.

I hereby give permission to the physician selected by Bader Hillel High School and Lubavitch of Wisconsin affiliates to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my son/daughter. Information on health form may be shared with appropriate personnel for health and educational purposes. All costs or expenses incurred shall be reimbursed by the undersigned parent/guardian.

The undersigned parent/guardian does hereby waive any claim or right to claim any damages for any act or acts of Bader Hillel High School and Lubavitch of Wisconsin affiliates and for its officers, teachers, counselors, employees and all of the persons acting for and on its behalf with reference to the matters herein set forth.

Name(s) of students attending Bader Hillel High School (please print):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Signature of Parent/Guardian Date \_\_\_\_\_

Mail this form to:  
**Bader Hillel High Admissions Office**  
Mailing Address: 6789 N. Green Bay Ave., Glendale WI 53209